

NAVY OCCUPATIONAL SAFETY AND HEALTH PROGRAM MANUAL

OPNAVINST 5100.23E



CHAPTER 1

INTRODUCTION

0101. References

Throughout the manual, references applicable to each chapter appear at the end of the chapter.

0102. Definition of Terms

See the Glossary at the end of the manual for the definition of special terms used throughout the manual.

This manual uses the words "shall," "will," "must," "should," "may," and "can" throughout. Shall, will, and must are directive in nature and require mandatory compliance. Should is a strong recommendation, but compliance is not required. May or can, when used, are optional in nature, and compliance is not required.

0103. Background

a. The Navy has historically maintained safety and health programs to protect its personnel and property. Occupational safety has long been an element of the overall Navy safety program that also includes explosive safety, nuclear safety, aviation safety, traffic safety and off-duty safety. The Chief of Naval Operations (N45) has traditionally managed the occupational safety and health program.

b. The program gained special prominence after passage of the Occupational Safety and Health Act (OSH Act) on 31 December 1970. Although the primary thrust of the OSH Act was directed at the private sector employer, Section 19 of the OSH Act directed Federal agencies to establish and maintain comprehensive and effective Occupational Safety and Health (OSH) programs consistent with the stan-

dards issued under Section 6 of the OSH Act.

c. On 26 July 1971, the President signed Executive Order (E.O.) 11612, entitled *Occupational Safety and Health Programs for Federal Employees*. This E.O. stated the Federal government, as the nation's largest employer, has a special obligation to set an example for safe and healthful employment. It directed the head of each Federal department and agency to establish an OSH program in compliance with Section 19 of the OSH Act. Over the next 3 years, many Federal agencies made only moderate progress. Consequently, Congress received considerable criticism for a perceived double standard in OSH requirements between the private sector and Federal agencies. As a result, the President issued E.O. 11807 in 1974, which replaced E.O. 11612 and more clearly defined the scope, requirements, and responsibilities of Federal agency programs. In addition, E.O. 11807 tasked the Secretary of Labor to issue guidelines designed to assist Federal agencies in establishing their programs. The Secretary issued these guidelines on 9 October 1974 as Title 29, Code of Federal Regulations, Part 1960 *Safety and Health Provisions for Federal Employees*.

d. The actions described above still did not satisfy some critics since several Federal agencies questioned the regulatory authority of the Department of Labor (DOL) guidelines (29 CFR 1960). Addressing this issue, on 26 February 1980, the President signed E.O. 12196, *Occupational Safety and Health Programs for Federal Employees*, superseding E.O. 11807. The Secretary of Labor revised DOL guidelines (29 CFR 1960) on 21 October 1980 and re-

sued them as *Basic Program Elements for Federal Employee Occupational Safety and Health Programs*.

e. The Department of Defense (DoD) has issued many directives and instructions to implement the Federal guidance outlined above. Prominent among these is [reference 1-1](#) that outlines general DoD policy and procedures for implementation of the OSH Act and the associated E.O., and [reference 1-2](#) that provides more specific guidance for implementation of the basic OSH program elements specified in 29 CFR 1960.

f. Following the provisions of reference 1-1, the Assistant Secretary of the Navy (Installations and Environment) (ASN(I&E)) was appointed as the Designated Safety and Occupational Health Official for the Department of the Navy (DON), with responsibilities outlined in reference 1-3. [Reference 1-3](#) contains policy statements and outlines responsibilities for the implementation of the total safety and occupational health program for the Navy. Reference 1-3 delegates responsibility for managing the Navy Occupational Safety and Health (NAVOSH) Program to the Chief of Naval Operations (CNO) who is specifically responsible for the issuance of appropriate implementing directives.

g. This manual implements references 1-1 through 1-3 and provides policy, procedures and guidance for the NAVOSH Program.

0104. Navy Occupational Safety and Health (NAVOSH) Policy

Navy policy is to provide a safe and healthful workplace for all personnel. The Navy achieves these conditions through an aggressive and comprehensive NAVOSH Program fully endorsed by the Secretary of the Navy (SECNAV) and implemented through the appropriate chain of command.

The program includes the following features:

a. Compliance with applicable standards

b. OSH inspection of all workplaces by qualified OSH inspectors at least annually

c. Prompt abatement of identified hazards, including elimination or minimization of all hazards through engineering or administrative controls. Where engineering or administrative controls are not feasible, activities shall provide appropriate personal protective equipment (PPE) at government expense. Where hazard abatement resources are limited, activities shall eliminate the most serious problems first. Where unabated serious hazards have not been eliminated, activities shall post appropriate notices to warn employees and define interim protective measures.

d. Procedures for all personnel to report suspected hazards to their supervisors and/or safety and health officials without fear of reprisal

e. Appropriate OSH training for all safety and health officials, supervisory and management personnel, and employees. Activities shall integrate applicable OSH requirements into training programs and technical and tactical publications.

f. Procedures to review, in advance of construction or procurement, the design of facilities, systems, and subsystems to ensure that OSH hazards are eliminated or controlled throughout the life cycle

g. Thorough mishap investigations and a comprehensive OSH management information system that provides all OSH data required by higher authority

h. Comprehensive occupational health surveillance programs, both medical

and industrial hygiene, implemented by qualified personnel.

i. Procedures consistent with Office of Personnel Management (OPM) and Navy Personnel Command (COMNAVPERSCOM) directives to measure employee performance in meeting NAVOSH requirements/objectives.

0105. Applicability

a. The provisions of this manual apply to all Navy civilian and military personnel and operations worldwide except where responsibility rests with the Commandant of the Marine Corps (CMC), and for those afloat personnel falling under the requirements of [reference 1-4](#). Exceptions also include military-unique equipment, systems and operations; conditions governed by other statutory authorities or interservice support agreements; and conditions governed by international agreements overseas.

b. The provisions of this manual do not apply to Navy contractors, except for the following:

(1) Situations in which the United States, by admiralty law or other law, is responsible for contractor employee injury compensation (for example, for employees working under the Commander, Military Sealift Command (COMSC), (reference 1-4)).

(2) Situations where the Navy exercises statutory authority for safety and health and, as a result, the OSH Act does not directly apply.

c. Where the safety and health of the contractor's employees are affected, the contractor is responsible directly to the DOL's Occupational Safety and Health Administration (OSHA) or appropriate state

office where OSHA has approved a state plan.

d. Commanding officers shall apply this manual consistently with the provisions of [reference 1-5](#), other provisions of law providing for collective bargaining agreements and procedures, and any agreements entered into under such provisions. They shall determine matters of official leave for employee representatives involved in activities under this manual by the procedures of reference 1-5 or applicable collective bargaining agreements.

e. Under the statutory authority of the Atomic Energy Act of 1954, Section 309(a) of the Department of Energy Organization Act, and E.O. 12344 of 1 February 1982, the Director of Naval Nuclear Propulsion Program (CNO(N00N)) is responsible for the safety of reactors and associated naval nuclear propulsion plants, and the control of radiation and radioactivity associated with naval nuclear propulsion plant activities, including prescribing and enforcing standards and regulations for these areas as they affect the environment and the safety and health of workers, operations and the general public. Accordingly, for the above areas, the Naval Nuclear Propulsion Program is exempt from the requirements of this manual. However, for areas other than those described above, such as asbestos controls, machine guarding, etc., the requirements of this manual apply to Naval Nuclear Propulsion Program activities.

f. By the authority of 10 U.S.C. Section 172, explosive safety is exempt from the requirements of this manual. However, this manual does apply to occupational safety and health issues in explosives and ordinance areas, such as the evaluation of exposure to hazardous materials, noise, machine guarding, etc.

g. While the general concepts and provisions of this manual apply to forces afloat, exceptions must be made for military-unique equipment, systems, and operations. Because of differences in organization and operating environment among surface ships, submarines and shore activities (such areas as chain of command relationships, required councils or committees, training and hazard abatement procedures), forces afloat require specifically tailored procedures. [Reference 1-4](#) contains these provisions. The applicable chapter in [reference 1-4](#) is identified at the end of each chapter in this manual.

Chapter 1

References

- 1-1. DoD Directive 1000.3 of 29 Mar 79, Safety and Occupational Health Policy for the Department of Defense (NOTAL)
- 1-2. DoD Instruction 6055.1 of 19 Aug 98, DoD Occupational Safety and Health Program (NOTAL)
- 1-3. SECNAV Instruction 5100.10G of 15 Dec 89, Department of the Navy Safety and Occupational Health Policy for Programs; Mishap Prevention of (NOTAL)
- 1-4. OPNAVINST 5100.19C of 14 Jan 94, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat (NOTAL)
- 1-5. P.L. 95-454, Title VII, Civil Service Reform Act, 5 U.S.C. Sections 7101-7135 (1978 Supp.), 13 October 1978

CHAPTER 22

NON-IONIZING RADIATION

2201. Discussion

The term non-ionizing refers to forms of radiation which do not have sufficient energy to cause ionization of atoms or molecules. Typically, examples include the electromagnetic emissions radiated by lasers, radiofrequency (RF), and microwave sources.

2202. Policy

The policy of the Department of Navy (DON) is to preserve and maintain the health of its personnel by adopting practices which eliminate or control potentially hazardous radiation exposures. This policy encompasses:

- a. Limiting personnel exposures to levels that are within permissible exposure guidelines
- b. Identifying, attenuating or controlling through engineering design, administrative actions or protective equipment, hazardous exposure levels and other dangers associated with non-ionizing radiation sources
- c. Controlling areas in which harmful exposure to unprotected personnel could occur
- d. Ensuring personnel are aware of potential exposures in their work places and duty assignments and the control measures imposed to limit their exposures to levels that are within the permissible guidelines
- e. Investigating and documenting overexposure incidents.

2203. Applicability

All Navy activities employing sources of non-ionizing radiation which may affect the safety and health of personnel shall observe radiation protection requirements, exposure standards and safety guidelines. Provisions of this chapter do not apply to exposures administered to patients undergoing medical diagnostic or therapeutic procedures.

2204. Laser Radiation

Lasers are designed to operate at various wavelengths in the ultraviolet, visible and infrared portions of the electromagnetic spectrum, and are used in various military, industrial, medical and scientific applications. While mechanisms for biological damage from lasers are similar to effects produced from absorption of energy from conventional light sources, lasers are of special concern because of their potential to project hazardous levels of energy over great distances. Exposure to lasers can result in permanent and disabling eye injury.

2205. Laser Radiation Policy

Commander, Naval Air Systems Command (COMNAVAIRSYSCOM) is the administrative lead agent for laser safety within the DON. Responsibilities for setting forth DON policy and guidance in the identification and control of laser radiation hazards are set forth in [reference 22-1](#).

2206. Laser Permissible Exposure Limits (PELs)

a. Laser PELs, also referred to as Threshold Limit Values (TLVs) and Maximum Permissible Exposure (MPE) limits, are published in [references 22-2](#) and [22-3](#). For laser exposures that are within the PEL, no adverse biological effects are expected to occur even under repeated or long-term exposure conditions. Only trained and technically qualified personnel shall apply these exposure limits in determining laser safe viewing conditions, since an improperly conducted laser hazard evaluation may pose serious risks to a person's eyes.

b. Laser exposure limits are set to protect tissue from damage and are not the equivalent of comfortable viewing levels. Operators of lasers need to be aware of secondary laser safety concerns. For example, intrabeam viewing of visible wavelength lasers, even at or below the permitted safe level, will still be perceived as an intense light source capable of producing disabling glare or visual after-images. These temporary visual effects can interfere with performing critical tasks such as operating vehicles or aircraft. Similarly, intrabeam viewing of lasers at or below the permitted exposure limits can still damage or "saturate" night vision viewing devices because of the high amplification of incident light levels provided by the devices. Wearing of laser protective eyewear can also lead to other safety concerns, such as the potential for blocking or filtering out the color of some warning or alarm indicator lights.

2207. Laser Classification, Labeling, Technical Assistance and Exposure Incidents

a. The Navy has adopted a system for categorizing the hazards of lasers which

provides a practical means for determining safety requirements appropriate for different types of lasers. These categories range from a Class I laser that is safe to view under all conditions, to the Class IV laser which can cause eye damage under most viewing conditions. [Appendix 22-A](#) provides information on laser classification, types of laser warning signs and labels, technical assistance and exposure incidents.

b. For most lasers used in medical, laboratory, research and industrial applications, use of the classification system precludes the necessity for performing any laser measurements or calculations. [Reference 22-4](#) requires manufacturers to classify and label their laser systems. Laser measurements or laser safety calculations will usually be required only for lasers operating on outdoor ranges or in open areas when it is necessary to define a laser Nominal Hazard Zone (NHZ).

2208. Military Exempt Lasers

Lasers or laser systems designated for combat, combat training or classified in the interest of national security may be exempted from compliance with some or all of the provisions of [reference 22-4](#). To obtain military exemption status, the contractor must have written authorization from the military contracting activity, and the laser product must be certified to conform with requirements in [reference 22-5](#) and have been approved by the Navy Laser Safety Review Board (LSRB). Commands shall inventory all military exempt lasers each year. Commands wishing to dispose of lasers shall obtain approval from COMNAVAIRSYSCOM as specified in [references 22-6](#) and [22-1](#).

2209. Laser Safety Review Board (LSRB)

Military laser systems are reviewed by the LSRB during their development to assure that adequate safety criteria have been incorporated. LSRB review is required at appropriate stages of development and prior to introduction of prototype or production units into the fleet for testing or initial use. An important function of the Navy Laser Safety Program is a determination of the nominal ocular hazard distance (NOHD) or safe viewing range, for each operational laser system used in the Navy. LSRB review also applies to Class IIIb and Class IV commercial lasers and laser systems that are not intended solely for laboratory or medical use. Reference 22-6 contains procedures for obtaining an LSRB review.

2210. Laser Safety Hazard Control Program

Commands operating Class III or Class IV commercial or military exempt lasers shall establish a laser safety program and designate a Laser System Safety Officer (LSSO) per reference 22-6 to ensure personnel are not exposed in excess of the PEL. The laser safety program shall include an inventory of all commercial - Class IIIb, Class IV and all classes of Military-Exempt Lasers that are assigned to the command.

NOTE:

Some commercially available laser pointers are categorized as Class IIIa lasers with output levels that are not considered safe for all viewing conditions. A formal laser safety program is not required for Class IIIa laser pointers; however, the user needs to recognize that care must be exercised to control

its accessibility (kept out of the hands of children or others who are unaware of the hazardous nature of lasers), and to avoid directing the pointer at those in the audience. Class II laser pointers do not pose a hazard during normal viewing, and their use is not restricted.

2211. Medical Surveillance Procedures

Enrollment in a Laser Radiation Medical Surveillance Program is limited to those personnel who are clearly at risk from exposure to laser radiation. The nature of such risks is associated with accidental injuries resulting from excessive exposure to laser levels and not as a result of chronic exposures. The command LSSO determines which personnel should be enrolled in the surveillance program using the following guidance:

a. Laser workers requiring medical surveillance are those individuals who routinely work with Class IIIb or Class IV lasers under conditions where there is a likely potential for accidental exposures to excessive levels. These workers require a preplacement and termination laser eye examination per [reference 22-7](#).

b. The following personnel generally require medical surveillance:

(1) Research and development (R&D) and laboratory personnel who routinely work with unenclosed Class III and Class IV laser beams

(2) Maintenance personnel who routinely repair or align Class III or Class IV laser systems

(3) Operators (personnel behind the laser) and down-range personnel who

routinely work with Class III or Class IV engineering laser transits, geodimeters and alignment laser devices

(4) Operators who routinely work with Class IIIb and Class IV industrial lasers where access to an unenclosed beam path is possible

c. Other laser workers or personnel where the potential for accidental exposure is deemed very unlikely generally do not require medical surveillance. For example:

(1) Personnel who work with Class I or Class II lasers, or with laser systems containing Class III or Class IV lasers when there is little or no potential for exposure to the open laser beam

(2) Visitors or other personnel involved infrequently in laser testing, demonstrations or training, when the LSSO has ensured such personnel will be protected from exposure to levels of laser radiation greater than the PEL

(3) Supervisory, clerical and custodial personnel working in laser areas where laser safety procedures preclude their exposure to levels of laser radiation above the PEL

(4) Operators of fielded military laser systems when operations are conducted on established laser ranges, or as part of training operations where prescribed laser safety procedures are enforced

(5) Personnel involved in "force on force" laser training exercises where appropriate protection is established, either in the form of administrative controls or procedures, or where laser protective eyewear is provided.

2212. Laser Safety Training

a. Commands shall provide LSSO laser safety training through the completion of a Laser System Safety Officer Course at the Naval Occupational Safety and Health and Environmental Training Center. COMNAVAIRSYSCOM may approve equivalent training. LSSOs are classified as either a Category I LSSO, who is qualified to manage a laser safety program and to perform laser safety calculations, or as a Category II LSSO, who is qualified to manage a laser safety program. Commanding officers should determine which category of LSSO is appropriate for their activity considering their mission, types of lasers being used and scope of the laser safety program. Laser safety training requirements at medical treatment facilities for the medical LSSO and designated medical personnel are contained in [reference 22-8](#).

b. Laser range safety officers, laser maintenance personnel and industrial laser supervisors shall complete a formal command laser safety training course as outlined in reference 22-6.

c. Commands shall provide formal classroom training on the potential hazards associated with accidental exposure to laser radiation to all personnel in areas operating Class IIIb (and Class IIIa with danger logo) or Class IV lasers. In particular, the vulnerability of the eyes to being damaged by lasers shall be emphasized. Commands shall conduct annual refresher training per reference 22-6.

d. For employee training, the following laser safety training videotapes are available from the Norfolk Regional Electronic Media Center: *Laser Hazards and Control*, 804245DN, *Hazards and Control of*

Military Lasers, 804246DN, and *Laser Safety in Medical Treatment Facilities*, 803198DN. (See [Section 0604b](#)). Additional information is available in [reference 22-9](#) on laser operations, hazard distances for Navy laser systems and use of laser protective eyewear.

2213. Other Optical Sources

Broadband optical sources such as germicidal lamps, phototherapy, sun lamps, blacklights, arc lights, projector lamps, high intensity discharge lamps and infrared arrays are also used in many medical and industrial applications. These types of light sources may require controls to prevent possible acute effects such as skin burns, photo-keratitis, cataracts or retinal burns. Exposure guidance can be found in references 22-2 and 22-3. Obtain assistance in the evaluation of broadband optical sources, where personnel are considered to be at ocular risk, from an industrial hygienist or radiation health officer.

2214. Radio Frequency (RF) Electromagnetic Fields (EMF)

RF exposure is primarily associated with operation of various radars and communication systems at Navy shore facilities and aboard ships. In addition to personnel concerns, RF fields may generate induced currents or voltages that could cause premature activation of electro-explosive devices in ordnance, equipment interference or sparks and arcs that may ignite flammable materials and fuels.

2215. Radio Frequency Ashore and Afloat

Naval Sea Systems Command (COMNAVSEASYS COM) is the lead agency for coordinating electromagnetic safety programs for naval ships. Space and Naval Warfare Systems Command

(COMSPAWARSSYSCOM) is the lead agency for coordinating electromagnetic safety programs for shore facilities. [Reference 22-10](#) contains RF hazard (RADHAZ) guidance regarding hazards of RF exposure to personnel, fuels and ordnance.

2216. RF Permissible Exposure Limits (PELs)

a. Reference 22-10 contains RF PELs adopted from [reference 22-11](#) for the frequency range of 3 kilohertz to 300 Gigahertz. Limited information on the RF PELs is provided in the Tables in appendix 22-B. Those persons conducting RF hazard analysis and evaluations should consult the more extensive technical guidance contained in [references 22-11](#), [22-12](#), and [22-13](#).

b. Exposure limits are specified for locations that are defined as either controlled or uncontrolled environments. Controlled environments are areas where exposure may be incurred by personnel who are aware of the potential for RF exposure as a result of employment or duties, by individuals who knowingly enter areas where higher RF levels can reasonably be anticipated to exist and by exposure incidental to transient passage through such areas. Uncontrolled environments generally include public areas, living quarters and work places where there is no expectation that higher RF levels should be encountered.

c. The RF exposure limits for controlled environments represent scientifically derived values to limit absorption of RF energy in the body, and to restrict the magnitude of RF currents induced in the body. This means that the amount of energy absorbed is insufficient to produce or cause any adverse effects on health, even under repeated or long-term exposure conditions. The controlled environmental limits are the equivalent of personnel exposure stan-

dards for all individuals. In uncontrolled environments where access is not restricted or controlled, lower permissible exposure levels have been adopted as a consensus to maintain lower exposure levels outside of well-defined areas. The limits for uncontrolled environments should not be interpreted as being imposed to lessen any known adverse health effect, and should not be interpreted as being the limit on personnel exposure for non technical employees or for members of the public that enter a controlled environment.

d. For shipboard situations, consider the weather decks, enclosed and open masts and electronic work spaces as controlled environments. For shore stations, consider accessible areas beyond a station's perimeter fence line as uncontrolled environments. Within a station's boundaries, differentiation between controlled and uncontrolled environments will require individual determinations. For both ship and shore situations, incorporate existing physical structures or areas, such as decks, fences, rooftops, etc., in defining the location of boundaries for controlled environments.

e. No special RF exposure limits or additional exposure restrictions are imposed in the case of pregnancy.

2217. RF Measurement and Evaluation

a. Facilities shall determine RF levels for all areas in which personnel could receive exposures in excess of the exposure limits. In addition, shore facilities must determine RF field levels where locations of RF emitting antennas may be expected to raise concerns among personnel or generate public inquiries regarding levels of RF emissions beyond the base perimeter. Facilities must use proper RF measurement techniques and application of the RF expo-

sure limits to avoid imposing unnecessary restrictions on operations or establishing overly restrictive protective boundaries. Facilities may obtain assistance in measuring RF emission levels from the activities listed in [appendix 22-C](#).

b. A comprehensive RF hazard evaluation for major platforms, such as warships or communication stations, where multiple RF emitters exist in close proximity to each other, requires considerable technical familiarity with electromagnetic fields. Such surveys may involve determination of boundary locations for protective fences or enclosures, or specifying operational conditions or restrictions necessary for protection of personnel. The activities listed in [appendix 22-C](#) may perform these evaluations, which are primarily an engineering type survey. Safety or health professionals may make RF measurements or calculations for situations that primarily consist of determining RF exposure levels for a particular area occupied by personnel.

2218. Safety Certification

a. Activities identified in [paragraph 2218\(c\)](#) shall obtain a survey certification from the technical activities listed in [appendix 22-C](#) to ensure all RF sources have been evaluated, safe separation distances have been determined, warning signs posted and any other safety measures, such as protective fences, have been defined.

b. To maintain certification, the site shall forward information on new RF sources that are installed to the technical activity listed in [appendix 22-C](#) to obtain a theoretical or calculated safety evaluation. The activity with the original site certification shall maintain this provisional certification.

c. All shore facilities having RF emitters must obtain a baseline certification. The certifying agency will determine resurvey/recertification requirements of the facility. Schedule resurvey/recertification as follows:

(1) Three Year Resurvey. Major COMNAVCOMTELCOM transmitter facilities are included within this group.

(2) Five Year Resurvey. Sites with a large numbers of RF emitters or a site located in populated areas where public exposure to RF emissions may be an environmental concern.

(3) Ten Year Resurvey. Sites having a moderate and stable number of RF and microwave emitters.

2219. Warning Signs, Labels and Devices

a. The RF hazard warning signs, labels, devices, exposure incident procedures and technical assistance are shown in appendix 22-C. Appropriate warning statements are added in the lower triangular portion of the sign. Variations are authorized, such as subdued signs for camouflage or to improve visibility under certain lighting conditions, provided the general wording and layout of the sign remain the same.

b. Activities shall post RF hazard warning signs at all access points to areas in which levels exceed the exposure limits for controlled environments.

c. Activities should post RF hazard warning signs in appropriate areas in which the RF levels exceed the exposure limits for uncontrolled environments as determined by cognizant engineering or safety or health professionals.

d. In areas where access to levels greater than 10 times the exposure limits for controlled environments may exist, warning signs alone do not provide sufficient protection. Activities shall provide other warning devices and controls, such as flashing lights, audible signals, barriers or interlocks, as determined by the certification authority, depending upon the potential for exposure.

e. See also appendix 22-C for reporting of RF incidents.

2220. Research, Development and Acquisition

a. Activities performing research, development, testing and evaluation (RDT&E) and acquisition of RF systems, including non-developmental items and commercial off-the-shelf items, shall identify RF control requirements by incorporating adequate protection measures or identifying appropriate operational restrictions to maintain personnel exposures within the exposure limit. System safety studies under reference 22-13 shall use the exposure limits given in [reference 22-11](#) to define restrictions necessary to limit personnel exposures.

b. Activities shall include safety information, operational restrictions, and safe exposure distances for systems being fielded in appropriate fielding documents and technical manuals to limit RF exposure of personnel engaged in operation, maintenance and repair of the system.

2221. RF Safety Training

Activities shall provide RF safety training to personnel who routinely work directly with RF equipment or whose work environments contain RF equipment that routinely emits RF levels in excess of the exposure limits for controlled environments. Activities shall

conduct training before assignment to such work areas, and shall focus on awareness of the potential hazards of RF fields, established procedures and restrictions to control RF exposures, and personnel responsibility to limit their own exposures. Activities may incorporate RF safety training in periodic safety training programs to satisfy command training objectives.

2222. Protective Clothing

The Navy does not authorize RF-shielded protective clothing for routine use as a means of protecting personnel. This does not preclude use of other protective equipment, such as electrically insulated gloves and shoes for protection against electrical shock or RF burn, or for insulation from the ground plane.

2223. Low Frequency and Static Electric and Magnetic Fields

a. Electric and magnetic fields exist around power lines, electrical devices and appliances. The intensity of these fields decreases rapidly with distance. While questions have been raised about the possibility of health effects from exposure to electric and magnetic fields at levels that are commonly encountered in homes and most work places, findings issued by various scientific review panels have not confirmed that such fields pose any risk to health.

b. Since the body is a conductor, electric fields induce a charge on the surface of the body that results in current flow inside the body. Time varying magnetic fields, or body movement in a static magnetic field, induce electric fields and current flow inside the body. For commonly encountered fields near high voltage transmission lines, power distribution systems, office equipment, and household appliances, the magnitude of these induced cur-

rents will typically be below levels which are perceptible. Existing guidelines given in references 22-2, 22-14, and 22-15 have been established to limit induced current densities in body tissues so as to not be greater than levels naturally occurring as a result of the body's physiological processes. This rationale has been used to set a biological endpoint since no other definable risk criterion has been identified for establishing a health standard for electric and magnetic fields.

2224. Video Display Terminals

a. Video display terminals (VDTs) are electronic devices that typically involve individuals remaining in close proximity to them for long periods of time. Various forms of electromagnetic energy are associated with VDTs, including static electric fields near the screen, 60 Hz electric and magnetic fields, higher frequency fields around 10 kHz from the beam sweep circuits and low intensity X-rays near some internal components.

b. Some computer manufacturers have chosen to advertise VDTs with low magnetic field emissions for marketing reasons. Other manufacturers have produced various products that are advertised as reducing electromagnetic emissions from VDTs. Extensive measurements have shown that the fields emitted from VDTs are already well below exposure guidelines. There is no requirement or need to periodically measure emissions from VDTs, or to procure add-on screens for shielding electromagnetic emissions from VDTs.

c. VDTs are sensitive to electrical interference, and the displays have been reported to be affected by 60 Hz magnetic fields as low as 10 to 15 milligauss. Such interference poses no health concerns other than annoyance. Correction usually involves relocation of the VDT away from

the source of interference or in some cases, adding shielding to nearby power distribution components.

2225. Responsibilities

a. Commander, Naval Sea Systems Command (COMNAVSEASYSCOM) shall:

(1) Serve as the technical lead agency for laser safety and laser safety hazard analysis in the Navy, and for RF radiation safety and hazard analysis as a component of the Navy's Electromagnetic Environmental Effects (E3) Program for shore facilities.

(2) Chair the LSRB and ensure laser safety design standards, safety documentation and training and laser protective devices are developed for military laser systems.

(3) Ensure a capability exists to conduct laser hazard surveys of military laser systems, laser installations and firing ranges.

(4) Provide information to COMNAVSEASYSCOM for updating information on the Hazards of Electromagnetic Radiation to Personnel and Fuels in reference 22-10.

(5) Serve as the lead agency for RF radiation safety and hazard analysis for the Navy's Electromagnetic Environmental Effects (E3) Program.

(6) Sponsor reference 22-10 in providing operating procedures and guidance for electromagnetic hazards to personnel, ordnance and fuel and for RF hazard certification for ships and craft.

b. Commander, Naval Air Systems Command (COMNAVAIRSYSCOM) shall maintain the Navy inventory for all Class

IIIb, Class IV, and all classes of military exempt lasers.

c. Chief, Bureau of Medicine and Surgery (BUMED) shall:

(1) Serve as the lead agency for guidance on personnel exposure limits for lasers, RF and other electromagnetic sources.

(2) Provide technical assistance to Navy commands addressing electromagnetic exposures or human health effects issues with local governments or state agencies.

(3) Maintain the Navy repository of laser and RF investigative reports involving personnel injuries from lasers and RF over-exposures.

(4) Provide assistance through the Navy Environmental Health Center for laser and RF hazard evaluations at industrial and medical activities.

(5) Sponsor appropriate biological research for addressing the effects of electromagnetic energy on humans.

d. Other Echelon 2 and headquarters commands shall ensure:

(1) Safety requirements are included in procurement activities for the design, operation, maintenance, repair, technical orders, handbooks, manuals and other publications related to lasers and RF systems per references 22-6 and 22-11.

(2) Laser and RF hazard surveys and certifications are obtained for new equipment, installations, laser training ranges or modifications of existing equipment, installations or ranges when required to define laser or RF exposure levels or determine personnel access restrictions.

e. Commanders, commanding officers, and officers in charge shall:

(1) Establish a laser safety program in accordance with reference 22-6 to protect personnel.

(2) Ensure personnel are trained to be familiar with potential laser or RF exposure hazards and appropriate protective measures.

(3) Allow laser operation only at installations and ranges that have been approved by the LSSO as safe for each specific laser in use.

(4) Obtain safety certification for non-ionizing radiation sources. Update these certifications when new items are added. Also obtain provisional certification whenever new lasers or RF systems are installed, existing RF radiating antennas are modified or relocated or new construction occurs in the vicinity of an RF radiating antenna, when such changes may affect restrictions or boundaries imposed for limiting personnel exposures to RF fields.

(5) Ensure laser or RF surveys are conducted by technically competent personnel. Technical activities are listed in [appendix 22-A](#) for laser and [22-C](#) for RF safety.

(6) Investigate, document and report results of laser or RF exposure incidents per [chapter 14](#) of this document. Refer also to [Appendix 22-A](#) for laser incidence, [22-C](#) for RF incidence, and reference 22-7.

(7) Ensure that the use and disposal of exempt lasers are per [reference 22-1](#).

(8) Prepare an annual inventory of all Class IIIb, Class IV, and all classes of

military exempt lasers per [references 22-1](#) and 22-6.

Chapter 22

References

22-1. SECNAVINST 5100.14B of 9 Jul 87, Military Exempt Lasers (NOTAL)

22-2. American Council of Government Industrial Hygienists, Threshold Limit Values and Biological Exposure Indices

22-3. American National Standards Institute, American National Standard for the Safe Use of Lasers, ANSI Z136.1-1993

22-4. 21 CFR 1040 (as amended) (NOTAL)

22-5. MIL-STD 1425A, Safety Design Requirements for Military Lasers and Assorted Support Equipment

22-6. SPAWARINST 5100.12B, Navy Laser Hazards Control Program (NOTAL)

22-7. NAVMEDCOM 6470.2A of 28 Mar 89, Laser Radiation Medical Surveillance Program (NOTAL)

22-8. BUMEDINST 6470.19 of 24 Aug 90, Laser Safety for Medical Facilities (NOTAL)

22-9. E0410-BA-GYD-010, Technical Manual, Laser Safety (NOTAL)

22-10. NAVSEA OP 3565/NAVAIR 16-1-529/NAVELEX 0967-LP-624-6010, Volume I, Technical Manual, Electromagnetic Radiation Hazards (Hazards to Personnel, Fuel and Other Flammable Material and Volume II, Technical Manual, Electromagnetic Radiation Hazards (Hazards to Ordinance))

22-11. DOD Instruction 6055.11 of 21 Feb 95, Protection of DOD Personnel from Exposure to Radio Frequency Radiation and Military Exempt Lasers (NOTAL)

22-12. American National Standards Institute/Institute of Electrical and Electronics Engineers, ANSI/IEEE Standard for Safety Levels with Respect to Human Exposure to Radiofrequency Electromagnetic Fields, 3 kHz to 3 GHz, ANSI/IEEE C95.1-1992 and addendum

22-13. Institute of Electrical and Electronics Engineers, IEEE Standard Recommended Practice for Measurement of Potentially Hazardous Electromagnetic Fields, RF and Microwave, IEEE C95.3-1991



22-14. International Radiation Protection Association, International Non-Ionizing Radiation Committee, Interim Guidelines on limits of Exposure to 50/60 Hz Electric and Magnetic Fields, May 1989



22-15. International Radiation Protection Association, International Non-Ionizing Radiation Committee, Guidelines on Limits of Exposure to Static Magnetic Fields, May 1993



Appendix 22-A
Laser Classification, Labeling, Warning Signs, Technical Assistance, and Exposure Incidents

CLASS I LASERS

Lasers which by inherent design normally cannot emit radiation levels in excess of the permissible exposure limits. Not hazardous under almost all operational or viewing condition. No controls required.

CLASS II LASERS

Low-powered lasers and laser systems which emit less than 1mW visible continuous wave (CW) radiation. Not considered hazardous for momentary exposure. These lasers carry a CAUTION label.

CLASS III LASERS

Lasers which do not present a diffuse reflection hazard.

Class IIIa

Low-powered laser systems which emit 1 to 5 mW visible CW radiation. Lasers or laser systems of less than 2.5 mW/cm² are not considered to be hazardous for momentary (0.25 seconds) unintentional exposures unless the beam is viewed with magnifying optics. These lasers carry a CAUTION label. Lasers which exceed 2.5 mW/cm² carry a DANGER label and should not be directly viewed even momentarily.

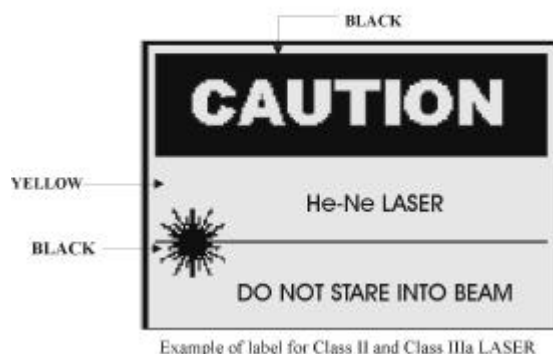
Class IIIb

Medium-powered lasers or laser systems considered to be hazardous when the direct or specularly reflected beam is viewed without protection. Special care is required to prevent intrabeam viewing and to control specular reflections from mirror-like surfaces. These lasers carry a DANGER label and require the use of protective eyewear.

CLASS IV LASERS

High-powered lasers or laser systems which can be hazardous to the eye from intrabeam viewing, specular reflections or diffuse reflections. They may also be hazardous to the skin or ignite flammable materials. These lasers carry a DANGER label. Strict controls are required, including use of protective eyewear and door interlocks.

Example of a Class II Laser Warning Label



Example of a Class IV Laser Warning Label



Laser safety warning signs for posting at laser facilities and at laser ranges are stocked at the Naval Inventory Control Point, Naval Publication and Forms Branch, 700 Robbins Ave., Philadelphia, PA 19111-5098. For Information concerning these forms contact: commercial (215)(697-2626), or DSN (442-2626). Order on MILSTRIP via Defense Automated Addressing Systems. The following signs are available:

Sign Contents: "DANGER, LASER, KNOCK BEFORE ENTERING"
Type: Laminated 10 inches high by 14 inches wide
Form No.: 0118-LF-114-8900

Sign Contents: "DANGER, LASER RANGE IN USE, DO NOT ENTER"
Type: Laminated 18 inches high by 24 inches wide
Form No.: 0118-LF-020-1100

Laser Exposure Incidents

a. If eye damage from laser exposure is suspected or observed, and in all cases of exposure to levels in excess of five times the laser exposure limits of this chapter, the cognizant activity shall ensure the individual receives a medical examination by an ophthalmologist or

optometrist as soon as possible. While laser injuries associated with military operations have been rare, limited experience indicates that the extent of eye damage from an accidental laser exposure may not be readily or initially apparent to either the individual or to local medical personnel. Since early medical intervention may lessen the severity of the damage or subsequent retinal scarring from the laser injury, efforts should be made to have the individual promptly seen by an ophthalmologist or at the ophthalmology department of a hospital **on a walk-in emergency basis**.

b. Commands shall investigate and document all suspected laser incidents or mishaps involving personnel exposure to excessive laser energy in accordance with chapter 14 of this manual. The command exercising operational control of the laser has the primary lead for conducting the laser exposure investigation and for ensuring the appropriate report is filed.

c. Commands are required to report exposure incidents (as outlined in g.) and investigate exposure levels for the following situations:

(1) Personnel injury has been sustained or physical symptoms are experienced by the individual(s) which are believed to be associated with laser exposure.

(2) Inadvertent exposure occurred to members of the general public or to other non-involved personnel as a result of naval operations which have exceeded the PEL.

(3) Exposure circumstances or the severity of the incident or mishap are such that inquires from news media are anticipated, or are deemed to be of interest to the chain-of-command.

d. Commands shall refer personnel reporting physical symptoms or suspected of having been exposed to levels in excess of the PEL for a medical evaluation or follow-up.

e. Commands can make initial notification for the occurrence of a laser incident by telephone, fax, message or e-mail to the appropriate technical assistance point listed in this appendix. Discussions following this initial notification can determine whether a more extensive investigation will be necessary and whether a site visit should be scheduled to assist in making laser measurements or an exposure evaluation. Central to the command's investigation will be a determination of the degree of laser exposure incurred since such incidents often involve emotional concerns or health worries which cannot be easily addressed when measurement data is not available. Performing laser measurement assessments are often beyond the technical capabilities of the local command or the nearby medical facility.

f. In cases where it is necessary to reconstruct events or reestablish equipment configuration for conducting a laser exposure assessment, the accuracy of the recreation is crucial to the validity of the subsequent measurements. The command's investigating officer should apply particular attention to obtaining written statements from those involved giving detailed descriptions of the sequence of events, exposure times and equipment set-ups, as well as obtaining appropriate charts, diagrams or photographs indicating the locations of exposed personnel.

g. The command shall submit a final report on the laser incident to the Commander, Naval Safety Center and to the Bureau of Medicine and Surgery (MED 212), with copies to appropriate headquarters and systems commands. The command shall also include in the report to BUMED pertinent medical records, retinal photographs and identification data for personnel who were exposed.

Laser Technical Assistance

Interested parties may obtain technical assistance and advice regarding laser safety as follows:

a. For medical and industrial laser operations, contact the Navy Environmental Health Center, (NAVENVIRHLHCEN), 2510 Walmer Avenue, Norfolk, VA 23513-2617, DSN 864-5500, commercial (757) 363-5500, fax (757) 444-3672.

b. For laser-related weapon systems and certification surveys of laser firing ranges, contact the following activities: (Funding for services shall be provided by the requesting command).

Laser System Evaluation and Range Surveys:

Naval Surface Warfare Center Dahlgren Division, Dahlgren, VA 22448, DSN 249-1060/1149, commercial (540) 653-1060/1149, fax (540) 653-8453
http://safety.nswc.navy.mil/las_saf/

Laser Range Surveys:

Naval Weapons Assessment Station (Code SE41), Corona, CA 91718-5000, DSN 933-4139, commercial (714) 273-4139.

c. For laser bioeffects and medical research issues, or assistance in evaluating laser-induced injuries, contact the Naval Health Research Center-Detachment Brooks AFB 8301 Navy Road, Brooks AFB, TX 78235-5365, DSN 240-4699/6552, commercial (210) 536-4699/6552, fax (210) 536-6439/6528.

d. For guidance on laser exposure limits and health issues, contact the Non-Ionizing Radiation Health Branch, Bureau of Medicine and Surgery (MED 212), 2300 E Street NW, Washington DC 20372-5300, DSN 762-3444, commercial (202) 762-3444, fax (202) 762-0931.

Appendix 22-B
Table 1
RF Permissible Exposure Limits For Controlled Environments

A. Radio Frequency Fields				Averaging Time(T_{avg}) (minutes) E^2 , H^2 , S
Frequency Range (f) (MHz)	Electric Field (E) (V/m)	Magnetic Field (H) (A/m)	Power Density (S) (mW/cm ²) (E, H Fields)	
.003 - 0.1	614	163	(10^2 , 10^6)	6
.1 - 3.0	614	$16.3/f$	(10^2 , $10^4/f^2$)	6
3 - 30	$1842/f$	$16.3/f$	($900/f^2$, $10^4/f^2$)	6
30 - 100	61.4	$16.3/f$	(1.0 , $10^4/f^2$)	6
100 - 300	61.4	0.163	1.0	6
300 - 3000			$f/300$	6
3000 - 15000			10	6
15000 - 300000			10	$616000/f^{1.2}$
B. Induced and Contact Current Restrictions				
Frequency Range (f) (MHz)	Maximum Current Through Both Feet (mA)	Maximum Current Through Each Foot (mA)	Contact Current (mA)	
0.003 - 0.1	$2000f$	$1000f$	$1000f$	
0.1 - 100	200	100	100	
C. Pulsed Radio Frequency Fields				
Frequency Range (f) (MHz)	Peak Electric Field (E) (kV/m)	Peak Power Density/Pulse for Pulse Duration < 100 msec (mW/cm ²)		
0.1-300000	100	(PEL)(T_{avg})/(5)(pulse width)		
D. Partial- Body Exposures				
Frequency Range (f) (MHz)	Peak Value of Mean Squared Field (V ² /m ² or A ² /m ²)	Equivalent Power Density (mW/cm ²)		
0.1 - 300	<20 E^2 or 20 H^2	-		
300 - 6000	-	<20		
6000-96000	-	$<20(f/60000)^{0.25}$		
96000 - 300000	-	40		

Table 2
RF Permissible Exposure Limits For Uncontrolled Environments

A. Radio Frequency Fields					
Frequency Range (f) (MHz)	Electric Field (E) (V/m)	Magnetic Field (H) (A/m)	Power Density (S) (mW/cm ²) (E, H Fields)	Averaging Time(T _{avg}) (minutes) E ² , S or H ²	
.003 - 0.1	614	163	(10 ² , 10 ⁶)	6	6
.1 - 1.34	614	16.3/f	(10 ² , 10 ⁴ /f ²)	6	6
1.34 - 3.0	823.8/f	16.3/f	(180/f ² , 10 ⁴ /f ²)	f ² /0.3	6
3 - 30	823.8/f	16.3/f	(180/f ² , 10 ⁴ /f ²)	30	6
30 - 100	27.5	158.3/f ^{1.668}	(.2, 9.4x10 ⁵ /f ^{3.336})	30	.0636f ^{1.337}
				0636f ^{1.337}	
100 - 300	27.5	0.0729	0.2	30	30
300 - 3000			f/1500	30	-
3000 - 15000			f/1500	900000/f	-
15000 - 300000			10	616000/f ^{1.2}	-
B. Induced and Contact Current Restrictions					
Frequency Range (f) (MHz)	Maximum Current Through Both Feet (mA)	Maximum Current Through Each Foot (mA)	Contact Current (mA)		
0.003 - 0.1	900f	450f	450f		
0.1 - 100	90	45	45		
C. Pulsed Radio Frequency Fields					
Frequency Range (f) (MHz)	Peak Electric Field (E) (kV/m)	Peak Power Density/Pulse for Pulse Duration < 100 msec (mW/cm ²)			
0.1-300000	100	(PEL)(T _{avg})/(5)(pulse width)			
D. Partial- Body Exposures					
Frequency Range (f) (MHz)	Peak Value of Mean Squared Field (V ² /m ² or A ² /m ²)		Equivalent Power Density (mW/cm ²)		
0.1 - 300	<20 E ² or 20 H ²				
300 - 6000			4		
6000-30000			f/1500		
30000 - 300000			20		

Application and Measurement Notes

Guidance on measuring procedures and techniques for evaluating hazards from RF sources are in the following Institute of Electrical and Electronics Engineers (IEEE) standards that are available for purchase from Customer Service, 445 Hoes Lane, Piscataway, NJ 08854-1331, telephone (800) 678-IEEE:

IEEE C95.1-1991 and addendum Safety Levels With Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3 kHz to 300 GHz (order number SH-14878).

IEEE C95.3-1991 Recommended Practice for the Measurement of Potentially Hazardous Electromagnetic Fields - RF and Microwave (order number SH-14886).

Sections 1A and 2A

- The PELs refer to time-averaged exposure values obtained by spatial averaging RF measurements over an area equivalent to the vertical cross-section of the human body.
- At frequencies less than 100 MHz, the applicable exposure limit is given in terms of rms E or H values. Exposure limits can be expressed in terms of plane-wave-equivalent power density values as shown by the S values in parentheses for the E and H fields.
- In nonuniform fields, spatial peak values can exceed the exposure limits even though the spatially averaged value does not exceed the exposure limit. Spatial peak values are limited by the partial-body exposure limits given in section 1D and 2D.
- For exposure duration less than the averaging period, the maximum exposure limit, in any time interval equal to the averaging period is, exposure limit = exposure limit $[T_{avg}/T_{exp}]$, where T_{exp} is the exposure duration in that interval expressed in the same time units as T_{avg} , and the exposure limit is expressed in terms of power density.
- Measurements to determine adherence to the exposure limit should be made at distances of at least 20 centimeters (cm) or greater from any re-radiating objects or reflective surfaces.
- Low-power RF devices, such as hand-held, mobile and marine transmitters, are excluded from compliance with the exposure limits in sections 1A and 2A under the following conditions in which the radiating antenna or structure is not maintained within 2.5 cm of the body:

Controlled environment low-power device exclusion pertains to devices that emit RF energy under the control of an aware user: at frequencies between 100 kHz and 450 MHz if the radiated power is 7 watts, or less; at frequencies between 450 and 1500 MHz, if the radiated power is $(7)(450/f)$ watts, or less, where f is in MHz.

Uncontrolled environment low-power device exclusion pertains to devices that emit RF energy without control or knowledge of the user: at frequencies between 100 kHz and 450 MHz, if the radiated power is 1.4 watts, or less; at frequencies between 450 and 1500 MHz, if the radiated power is $(1.4)(450/f)$ watts or less, where f is in MHz.

- Additional RF exposure limits or exposure restrictions are not imposed in case of pregnancy.

Sections 1B and 2B

- Guidance is provided for limiting the RF induced currents in the human body for free-standing conditions (no skin contact with metallic objects); and under conditions of grasping contact with metallic bodies to limit the maximum RF current through an impedance equivalent to that of the human body. Special measuring equipment is required, and revised rules have been adopted for time averaging at frequencies greater than 100kHz. Obtain assistance from the technical centers listed in this appendix.

Sections 1C and 2C

- Peak power exposure limitations are provided for pulsed conditions where each pulse is less than 100 milliseconds (msec) and there are no more than 5 pulses in the time averaging period. Those limits are given to prevent unintentionally high exposure from decreasingly short averaging times.

Sections 1D and 2D

- In the case of partial-body exposure conditions from highly directional sources or from substantially nonuniform fields over an area equivalent to the body, relaxation of the whole-body PELs of Sections 1A and 2A is allowed for exposures limited to a portion of the body. Partial-body limits do not apply in the case of direct exposure to the eyes.

Appendix 22-C

RFR Hazard Warning Sign, Labels, Exposure Incidents and Technical Assistance

Sign Title: Radio Frequency Hazard Warning - Keep Moving
Form No.: 101/5
Type: 5-inch Label
NSN: 7690-01-377-5893
Superseded NSN: 0967-LF-183-8010

Sign Title: Radio Frequency Hazard Warning - Keep Moving
Form No.: 101/12
Type: 12-inch Label
NSN: 7690-01-377-5894
Superseded NSN: 0967-LP-183-8010

Sign Title: Radio Frequency Hazard Warning - Beyond This Point
Form No.: 102/5
Type: 5-inch Label
NSN: 7690-01-377-5895
Superseded NSN: 0967-LP-153-8010

Sign Title: Radio Frequency Hazard Warning - Beyond This Point
Form No.: 102/12
Type: 12-inch Label
NSN: 7690-01-377-5082
Superseded NSN: 0967-LP-153-8010

Sign Title: Radio Frequency Hazard Warning - Burn Hazard
Form No.: 103/5
Type: 5-inch Label
NSN: 7690-01-377-5896
Superseded NSN: 0967-LP-315-2010

Sign Title: Radio Frequency Hazard Warning - Burn Hazard
Form No.: 103/12
Type: 12-inch Label
NSN: 7690-01-377-5898
Superseded NSN: 0967-LP-315-2010

Sign Title: Radio Frequency Hazard Warning - Fuel Operations
Form No.: 104/5
Type: 5-inch Label
NSN: 7690-01-377-5899
Superseded NSN: 0967-LP-315-1010

Sign Title: Radio Frequency Hazard Warning - Fuel Operations
Form No.: 104/12
Type: 12-inch Label
NSN: 7690-01-377-5900
Superseded NSN: 0967-LP-315-1010

Sign Title: Radio Frequency Hazard Warning - Blank
Form No.: 105/5
Type: 5-inch Label
NSN: 7690-01-377-5374
Superseded NSN: 0967-LP-350-1010 and 0967-LP-096-3010

Reporting of RF Exposure Incidents

a. Commands shall investigate and document all suspected RF incidents or mishaps involving personnel exposure to excessive RF levels, in accordance with Chapter 14 of this manual. The command exercising operational control of the RF source has the primary lead for conducting the RF exposure investigation and for ensuring the appropriate report is filed.

b. Commands are required to report exposure incidents and investigate exposure levels for the following situations:

(1) Personnel injury has been sustained or physical symptoms are experienced by the individual(s) which are believed to be associated with RF exposure.

(2) Personnel exposure has been determined to have exceeded the appropriate PEL in terms of power density by a factor of five or more. (For exposure determinations, provisions for time averaging and spatial averaging can be used in conjunction with transmitter duty factors and antenna rotation or scanning rates to establish maximum likely exposure levels.)

(3) Inadvertent exposure occurred to members of the general public or to other non-involved personnel as a result of naval operations which have exceeded the appropriate PEL.

(4) Exposure circumstances or the severity of the incident or mishap are such that inquires from news media are anticipated, or are deemed to be of interest to the chain of command.

c. Commands shall refer personnel reporting physical symptoms or suspected of having been exposed to levels in excess of five times the PEL for a medical evaluation or follow-up. Since medical evaluations following RF exposure have been infrequently required and physical signs of injury are usually not manifested, medical personnel should be advised to refer to reference 22-7 for information on RF biological effects.

d. Commands can make initial notification for the occurrence of an RF incident by telephone, fax, message or e-mail to the appropriate technical assistance point listed in this appendix. Discussions following this initial notification can determine whether a more extensive investigation will be necessary and whether a site visit should be scheduled to assist in making RF measurements or an exposure evaluation. Central to the command's investigation will be a determination of the degree of RF exposure incurred since such incidents often involve emotional or health concerns which cannot be easily addressed when measurement data is not available. Performing RF measurement assessments are often beyond the technical capabilities of the local command or the nearby medical facility.

e. In cases where it is necessary to reconstruct events or reestablish equipment configuration for conducting an RF exposure assessment, the accuracy of the recreation is crucial to the validity of the subsequent RF measurements. The command's investigating officer should apply particular attention to obtaining written statements from those involved giving detailed descriptions of the sequence of events, exposure times and equipment set-ups, as well as obtaining appropriate charts, diagrams or photographs indicating the locations of exposed personnel.

f. The command shall submit a final report on the RF incident to the Commander, Naval Safety Center and to the Bureau of Medicine and Surgery (MED 212), with copies to appropriate headquarters and systems commands. The command will also include in the report to BUMED pertinent medical records and identification data for personnel who were exposed. BUMED is tasked with maintaining a permanent repository for RF exposure incidents.

Technical Assistance

Commands may obtain site certification, technical assistance and advice as follows:

a. For RF health hazards, personnel exposures and exposure incidents from industrial and medical RF emitting sources, contact the Navy Environmental Health Center (NAVENVIRHLHCEN), 2510 Walmer Avenue, Norfolk, VA 23513-2617, DSN 864-5500, commercial (757) 363-5500, fax (757) 444-3672.

b. For measurement surveys for shipboard RF emitting systems, contact Systems Electromagnetic Effects Branch (Code J-52), Naval Surface Warfare Center Dahlgren Division, 17320 Dahlgren Road, Dahlgren, VA 22448-5100, DSN 249-8594, commercial (540) 653-8594, fax (540) 653-7494.

c. For site certification and measurement surveys for shore-based RF emitting systems, contact Space and Naval Warfare Systems Center (SPAWARSYSCEN) Charleston (Attn: Code 323), P.O. Box 190022, North Charleston, SC 29419-9022, DSN 588-5372, or commercial (843) 974-5372. For shore facilities within PACNAVFACENGCOM geographical region, contact Space and Naval Warfare Systems Activity Pacific (SPAWARSYSACT PAC) (Attn: Code J9132), Building 992, 675 Lehua Avenue, Pearl City, HI 96782-3356, DSN 315-471-0620, commercial (808) 471-0620.

OPNAVINST 5100.23E
15 January 1999

d. For RF bioeffects and medical research issues, or assistance in evaluating personnel overexposure incidents, contact the Naval Health Research Center-Detachment Brooks AFB, 8301 Navy Road, Brooks AFB, TX 78235-5365, DSN 240-4699, commercial (210) 536-4699, fax (210) 536-6439.

e. For guidance on RF exposure limits and health issues, contact the Non-Ionizing Radiation Health Branch, Bureau of Medicine and Surgery (MED 212), 2300 E Street NW, Washington DC 20372-5300, DSN 762-3444, commercial (202) 762-3444, fax (202) 762-0931.